

## REQUEST FOR SOLID WASTE REIMBURSEMENT

DATE \_\_\_\_\_  
NAME \_\_\_\_\_  
ADDRESS\* \_\_\_\_\_



The following property has been vacant for three consecutive months. Please credit my account for three months of solid waste charges.

Property Address

Apt./Unit #

Dates Vacant

\_\_\_\_\_

Office Use Only:

Utility Account # \_\_\_\_\_

Amount of Credit \_\_\_\_\_

Date Posted \_\_\_\_\_